

NORTHERN VIRGINIA TRAINING CENTER
October 13-14, 2004
OIG Report#106-04

INTRODUCTION: The Office of the Inspector General (OIG) conducted a primary inspection at Northern Virginia Training Center (NVTC) in Fairfax, Virginia during October 13-14, 2004. The inspection focused on a review of the facility through the application of thirty-two (32) quality statements divided over five (5) domains. These include: mission and values, access, service provision, facility operations and community relationships. The quality statements were formulated through interviews completed by the OIG with a number of stakeholder groups. These groups included the five training center facility directors, parents and advocacy groups, DMHMRSAS central office administrative staff, DMHMRSAS Office of Mental Retardation Services staff and directors of mental retardation services for community services boards. The quality statements and the information obtained by the OIG through observations, interviews and a review of documents are described in this report. The report is divided into five primary sections focusing on each of the domains.

SOURCES OF INFORMATION: Interviews were conducted with twenty-seven (27) members of the staff including administrative, clinical and direct care staff. Documentation reviewed included, but was not limited to: four (4) clinical records, individualized habilitation plans and behavioral support plans, selected policies and procedures, staff training curriculums, facility quality management plans, survey materials and risk management reviews. Tours were conducted in selected residential areas. The OIG did not review the day treatment programs during this visit as a snapshot of the facility was completed in March 2004 during which these programs were more thoroughly reviewed. (Please refer to OIG Report #95-04 for greater detail.)

MISSION AND VALUES

1. The facility has a clear mission statement.

Interviews were completed with twenty-seven (27) members of the staff including administrative, clinical and direct care staff. The facility's mission is outlined in its quality management plan. Interviews indicated that the mission plays a key role in the development of and review of services within the facility. The Center's mission is "to support the clients served so they can access a wide range of life's possibilities by fostering independence, self-esteem, and the fullest participation in family and community life."

Other staff comments regarding the facility's mission included these statements: to address the habilitation and training needs of the residents, to prepare the residents for successful participation in the least restrictive setting possible, to provide client-centered active treatment tailored to the individual needs of the residents, and to assure that the residents are healthy and safe.

2. The facility has a clear philosophy and set of values to guide how the staff will carry out their work, how the staff will relate to the consumers and how the staff will relate to each other.

All of the staff interviewed indicated that it was the philosophy of the facility to treat all persons, staff and residents with dignity and respect. Interviews revealed that this concept is stressed throughout the preservice training. Direct care staff indicated that facility management stresses that the residents' needs are the center's first consideration. Staff related that supervisors and management supported them in assisting the residents in meeting their goals.

ACCESS/ADMISSIONS

1. Policies and Procedures that govern admission are consistent with the facility's mission statement.

Interviews and a review of procedures demonstrated that NVTC policies and procedures that govern admission are consistent with the mission statement. The team reviewed the facility's application materials for both regular and short-term admissions. The materials indicated that the facility serves adults with mental retardation, with "sensory and physical disabilities and/or extreme maladaptive behaviors" in Fairfax, Arlington, Prince William and Loudoun Counties and the cities of Alexandria and Falls Church.

2. Admission to the facility is based on a thorough assessment of each applicant's needs and level of functioning.

Interviews with seven administrative and clinical staff members, a review of four resident records, and a review of facility policy revealed that the facility's admission process is based on a thorough assessment of each applicant's needs and level of functioning.

Social workers at the facility are the point of contact for persons interested in learning more about the admission process at the facility. Tours are available, with an appointment, so that prospective consumers and their legally authorized representatives can have the information necessary to make an informed decision. Once a potential applicant or his/her legally authorized representative expresses an interest in pursuing admission, the applicant is referred to the appropriate community services board (CSB). The case manager at the CSB gathers the information required for admission and submits a completed packet to the Director of Social Services for review.

The case is assigned to the social worker designated for that specific CSB who presents the case during the next scheduled Admissions Committee Meeting. Interviews indicated that the committee usually meets twice a month. The committee, which includes senior staff members, program managers and social workers, determines whether the applicant is suitable for admission. If the admission is denied, a letter is forwarded from the facility

director to the CSB case manager outlining the reasons for the decision. The applicant and/or legally authorized representative have thirty days to appeal the decision.

One admission was completed at the facility during the period from 7/1/03 to 7/1/04. The team was informed that an additional 34 people have been accepted for admission, but they are currently on a waiting list for an available bed.

3. The facility has a mechanism in place for addressing emergency admissions.

Interviews revealed that emergency or short-term admissions are handled primarily by the facility social workers in conjunction with the CSB case managers. Ideally, when a request is received, the social worker, case manager, legally authorized representative and community liaison meet to develop an immediate plan. This plan not only addresses the suitability of admission, but can also include the facility providing additional community-based supports to help the client remain in his/her community setting. If there is a space available, the case manager works with the court to establish a certification hearing prior to acceptance. Basic information regarding the person's status, including any medical and behavioral healthcare needs, is required prior to admission. During the last fiscal year there were 4 requests for emergency admission, but the facility was unable to accommodate any of these requests.

SERVICE PROVISION / CONSUMER ACTIVITIES
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1. Activities are designed to facilitate socialization, skills acquisition and community integration.

Four (4) resident records were reviewed. All provided evidence that the individualized habilitation plans were designed to address skills acquisition, facilitate socialization and provide for opportunities for community integration.

During the inspection, the team observed staff assisting the residents in completing their activities of daily living in preparation for attending their day programming activities. Interviews and observation revealed that residents, who are unable to be a part of an off-grounds work program, receive services from staff on their units or they attend physical therapy at the gym, the pool, or sensory stimulation room. The team had the opportunity to observe a group of residents engaged in a scavenger hunt. Staff were relating to the residents in a relaxed yet professional manner. The residents appeared to enjoy the activity.

During the March 2004 inspection the team was informed that 86 residents at the facility were actively engaged in off-site programming. At that time, those involved in active programming on campus included 49 persons receiving unit based programming, 29 persons in the Skills Training Center (STC), 21 persons in the Developmental Day Program (DDP) and 1 resident was noted as officially in retirement.

In the STC, residents have opportunities to engage in a variety of work related activities for which they receive fair market value compensation. The activities have included: can-crushing, bulk mail stuffing, silverware rolling, managing the vending machines on campus, and facility ground maintenance. Assignment is based on each person's level of functioning and is consistent with goals established in the treatment plan. The DDP is designed for residents that are not ready for the STC or for participating in community-based programs. Some activities that are offered in the DDP program are paper shredding and cardboard recycling.

2. Residents are actively engaged.

All of the residents were noted to be actively engaged by staff during the various activities observed. The facility offers a full array of activities for residents to engage in throughout the day and early evening.

During the morning tours of several of the cottages, it was noted that the residents were preparing for the day. They were having breakfast, attending to their activities of daily living and engaging with staff.

3. Activities occur as scheduled.

Interviews and observations revealed that the activities were occurring as scheduled.

4. Residents are supported in participating in off-grounds activities.

All residents have the opportunity for off-grounds activities, either through work projects or fieldtrips. Fieldtrips include going to the park, airport, mall, zoo, restaurants, local basketball games, movies, bowling, miniature golf, musical events and overnight trips.

5. The facility provides adequate outreach and discharge planning services to facilitate the resident's transition to the community.

Interviews with five members of the administrative and clinical staff indicated that transition planning begins during the preadmission screening phase. Discharge plans are formulated at the time of admissions and updated at least annually. Discharge is facilitated when it is determined that the client has received maximum benefit from the individualized habilitation training and is prepared for successful placement in a less restrictive environment. Interviews revealed that the social workers work very closely with the community providers to assist the residents in making a successful transition into the community. During the interviews, it was learned that one of the social workers was preparing to take two residents into the community not only to visit their prospective placement but also to gain awareness of the variety of places and activities available in the larger community surrounding the placement's location. Residents can be released on a 28-day trial visit before a formal discharge occurs. Information provided indicated that while space cannot be guaranteed, the facility makes every effort to allow discharged residents to return for up to one year if the community placement is not successful.

FACILITY OPERATIONS / SAFE ENVIRONMENT

1. The safety and security of the residential units are assessed, risk factors are identified and changes are implemented in a timely manner.

Interviews revealed that the safety and security of the residents is considered one of the most important goals of the facility. As a result there are a number of safety and security measures in place. Staff are instructed to be vigilant for any potential safety and security risks. The staff completes a daily checklist of the residential units. This checklist was described as a working tool between the staff and members of buildings and grounds personnel. In addition, buildings and grounds personnel conduct routine inspections in all of the buildings. Information from both of these sources is communicated to management. Work orders are prioritized according to the level of risk involved with critical issues addressed immediately.

Seven of those interviewed identified the safety alerts prepared and forwarded to staff by the facility risk manager as an example of the how serious the facility is about addressing safety concerns. For example, when it was noted that there was an increase in the number of falls within the facility, the risk manager prepared a safety alert regarding ways the staff could prevent falls both for the residents and for themselves. Several of the safety alert sheets were observed on the units toured.

The facility conducts routine fire and medical emergency drills. Fire drills are conducted monthly so that one is completed on each shift quarterly. Residents are evacuated during the drills so that the facility has an accurate assessment of the time it would take to successfully vacate the buildings.

NVTC has five safety and security officers who provide around the clock security services on campus. The majority of people serving in this department have experience in either law enforcement or security work. Two of the officers were newly hired and in training during the inspection process but were scheduled to begin their regular duties within several weeks. The officers patrol the campus and conduct security checks of the buildings particularly during the evening and nighttime shifts. The officers escort fire department and emergency personnel to the proper locations on campus when incidents occur.

2. There are adequate safeguards to protect residents from abuse and neglect.

Interviews revealed that the facility has adequate safeguards established to protect residents from abuse and neglect. Protection of the residents begins at the hiring process with the initiation of background checks. Interviews revealed that even though staff may begin their employment prior to the facility receiving the information from the background checks, they are not authorized to provide sole supervision of a resident until the information has been received. Staff training regarding human rights and the procedures for reporting abuse and neglect occurs during pre-service training. Interviews

revealed that staff are provided with case scenarios for discussion to assure that they are able to apply the principles and procedures they are learning. Annual re-training for both human rights and reporting abuse and neglect is required.

Interviews indicated that unit management conducts regular walkthroughs of the units across all shifts, which serves as a safeguard against abuse and neglect. Another mechanism identified was the event reporting system, which allows for an administrative review of an incident that is unexplained or suspicious without a specific allegation. Interviews with administrative staff indicated that the risk manager reviews each incident and will refer cases to the abuse investigator for review if there are any questions regarding the circumstances surrounding an event. The facility has a system for electronically reviewing incidents and responding to questions in a relatively short period of time.

There were 8 allegations of abuse and neglect made at this facility during the first six months of 2004, of which 5 were substantiated.

3. There are adequate safeguards to protect residents from critical and/or life threatening incidents.

The risk manager tracks critical incidents. There were 14 critical incidents reported to VOPA and the OIG during the first six months of 2004. There were also 45 incidents of peer-to-peer aggression reported at the facility during the same time period. Thirty-seven of the incidents resulted in a minor injury to at least one of the residents involved.

All of the critical incidents, incidents of falls and incidents of peer-to-peer aggression are reviewed by the senior management team. The risk manager looks for trends in the data by conducting routine reviews to determine not only what events are occurring but also when and where the events take place. His information has been used in the past to effect changes in unit management, such as determining times when increased supervision of the residents is appropriate.

The risk management and residents' safety committees also review the aggregate data during their regularly scheduled meetings. When concerns are identified, plans of action are developed and followed until resolved.

Interviews with medical and nursing personnel revealed that the facility's on-going and routine review of the residents' healthcare status is an additional safeguard for protecting the residents from critical and/or life threatening events. The facility completes many preventative health checks on the residents. It was also noted that staff, in general, serve to protect the residents from life threatening incidents.

4. Restrictive procedures are used in accordance with facility policies and procedures. Their use is clearly documented and is carefully monitored.

Interviews with 7 administrative, clinical and direct care staff, and a review of 3 records with behavioral plans, the behavioral treatment policies and procedures for psychological services, the restrictive procedures policy (NVTC Instruction 5300) and the policy on the use of protective restraints (NVTC Instruction 5301) demonstrated that the facility implements restrictive procedures in accordance with the facility policies.

As with the other facilities in the state system, staff are trained in the Therapeutic Options for Virginia (TOVA) model which focuses on developing effective working relationships. It also provides staff with a greater understanding of how to effectively apply behavioral management strategies. The facility has six psychologists and six assistants. Psychological services also reported having 5 interns at the time of the inspection. The psychologists are responsible for completing functional evaluations of problem behavior(s) and developing programs that can actually be carried out by staff. They also provide a lot of training for direct care staff. The facility data indicated that there are 86 residents with behavioral management plans, but 80 of these programs are behaviorally non-restrictive. The facility data also indicated that there are 59 residents with protective restraints. Among the types of protective restraints used are seatbelts, helmets, mitts and shower chairs. Interviews revealed that there is one resident with an approved physical restraint program. The team was also informed that there is one resident at the facility who has isolated time-out as an approved intervention in the behavioral plan. Isolated timeout is defined as “the removal of a client from ongoing reinforcement to a specifically designated time-out room”. NVTC complies with the CMS regulations, which outlines the circumstances under which ICF/MR facilities can use the time-out room. These include:

- The use of the time-out room has to be a part of an approved systemic time-out program.
- The use of the time-out room can not be used as an emergency intervention,
- The client is under direct constant visual supervision while in the time-out room
- The door to the time out room is held shut by staff or by a mechanism requiring pressure from staff

5. Residents and their legally authorized representatives are informed of their rights and have a mechanism for making complaints and grievances. These are addressed in a timely manner.

Human Rights training is provided for all staff at the time of orientation and annually thereafter. Residents and their legally authorized representatives are advised of the human rights process at the time of admission and at least annually. Documentation of this is located in the resident’s record.

The facility has both an informal and formal process for handling complaints. The facility director handles informal complaints, as is the procedure with the other training centers. It was reported that the facility handled 1 informal complaint during the first six months of 2004. There were no formal complaints during the same time period.

Documentation of notification regarding resident's rights and the complaint process was located in the resident records that were reviewed.

6. Medication usage is appropriately managed.

Interviews revealed that medication administration and review is under the purview of the pharmacy at NVTC. The facility has 44 trained medication assistants whose primary responsibility is to administer medications. The team was informed that nursing personnel provide supervision to the process and conduct random checks to assure that the medication assistants are properly performing their duties. Nursing staff also conducts refresher courses quarterly addressing the proper storage and administration of medication as well as procedures for documentation of medication usage. It was explained that the registered nurses (RN) have a very good working relationship with the medication assistants and as such, the assistants do not hesitate to call if they have questions regarding a medication. Medication errors are reported and tracked both by the Director of Nursing and the Pharmacy and Therapeutics Committee.

7. There are mechanisms to address areas of concern regarding staff safety.

Interviews with administrative staff indicated that the facility does have a mechanism for addressing staff safety. There is an expectation at the facility that staff injuries are to be reported in a timely manner. The Human Resources Office tracks staff injuries and workmen's compensation claims are filed, as appropriate.

The Safety Committee addresses workplace safety. Issues addressed by this committee include staff injuries, the maintenance and safety of equipment used by staff in executing their duties, and campus-wide security. The facility risk manager also tracks staff injuries. Safety alerts are forwarded to all the units to increase staff awareness regarding a potential area of risk. For example, an alert that outlined ways for staff to prevent back injuries was forwarded for review by all staff. The training officer is informed of any trends regarding staff injuries so that additional training can be provided, such as proper body mechanics in order to avoid injuries during lifts. Environmental safety checks identify and correct physical conditions that would have an impact on the safety of both the staff and consumers.

FACILITY OPERATIONS / LIVING ENVIRONMENT

1. The residential units reflect personal choice and a home-like environment. Residents are afforded privacy.

Building 8 was extensively decorated for Halloween. Staff explained that Halloween rivaled Christmas at the facility for being the most enjoyed event. It was reported that the facility was having a hayride and a costume dance over the Halloween weekend. There were more personal items observed in the units in Building 8 than in Building 6. It was explained that Building 6 was designated for those individuals with more challenging behaviors. The behaviors exhibited often limited the type and number of items placed on

the walls as a safety precaution. Curtains or other window coverings were used to afford the residents privacy.

2. The residential environment is clean, odor free and well maintained.

Members of the OIG team conducted tours of selected residential units on campus, including Building 6 Units A and C, and Building 8 Units A and C. These buildings were noted to be clean, well maintained and odor-free. Furniture in the living areas appeared comfortable and well maintained. No broken or torn areas in the fabric were noted. Efforts at making the units comfortable and home-like were noted. Bedrooms were generally neat and clean. The overall campus is very well maintained. The grounds had been recently mowed. Pathways were well lit and free of hazardous conditions.

Administrative staff were asked to identify three of the most critical capital improvement projects that need to be addressed at the facility. Their response included:

- The renovation of the residential buildings in order to better serve the current population (estimated cost: \$12.8 million)
- Renovations and addition to Building 4 and renovations to Building 1 (estimated cost: \$5.6 million)
- Renovations to the food services operations (estimated cost: \$2 million)

The following capital improvement projects were identified as active projects:

- Building 12 asbestos and mold abatement
- A fire alarm project in all of the buildings

Physical plant concerns that were identified as needing to be addressed were:

- A thermal ice storage unit is off-line which results in increased energy costs for the facility.
- A walk-in freezer has ice on the floor creating a safety hazard.
- The perimeter road and parking areas need resurfacing.
- Building 4 roof leaks and needs replacing.
- The Human Resources Office floods when the facility has a heavy rain.

3. There is evidence that the residents are being taken care of by the facility.

Throughout the tours, the team had an opportunity to observe the residents. All appeared properly clothed, clean and well provided for by the facility. The staff was observed treating the residents with dignity and respect. The manner in which staff interacted with the residents was supportive, friendly and professional. The residents observed seemed content.

4. The facility provides for access to primary health care that is coordinated and comprehensive.

On the day of the inspection, there were 187 residents. NVTC has three full-time physicians, including the medical director and a part-time psychiatrist. There are 20 RNs

on staff, including the director of nursing, and 6 licensed practical nurses. Each resident receives an annual physical. A primary nurse is assigned to each living area. The nurse is responsible for managing the healthcare of the residents on the unit. Nurses are responsible for documenting the resident's healthcare status as needed but not less often than monthly. Plans of care are developed for any healthcare issue that surfaces. These are maintained in the resident's treatment/habilitation plan until resolved. The facility operates an infirmary that serves residents with medical conditions that require closer monitoring. The facility has an on-call system for addressing medical concerns after 5:00 pm. Nursing personnel indicated that there is an excellent on-call physician response time to the calls, usually less than five minutes

5. The facility has a mechanism for accountability of resident's money.

Interviews with staff indicated that the facility has an established procedure for the accountability of resident's money. Staff members who assist the residents in making the necessary purchases are required to submit a receipt.

FACILITY OPERATIONS / STAFFING PATTERNS
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1. The facility maintains sufficient qualified staff to address the supervision and treatment needs of the residents.

Interviews were conducted with administrative and direct care staff. All those interviewed related that the facility maintains a sufficiently qualified staff to address the supervision and training needs of the residents, even though it was reported that the facility has a fairly high turnover rate for direct care staff. Staffing patterns are maintained through the use of overtime and part-time staff. Through recent exit interviews the facility has learned that the primary reason staff gives for leaving their positions is a conflict with his/her immediate supervisor.

In order to assure adequate staffing, the facility has initiated several recruitment and retention efforts including partnering with the Fairfax County Workforce Investment Board. All of the staff interviewed, whether administrative, clinical or direct care personnel, conveyed a belief that the average salary for the direct care staff needs to be increased. All of the direct care staff interviewed indicated that they have two jobs in order to make ends meet. NVTC has a more extensive pool of professional staff than the other training centers, including psychologists, occupational therapists and speech therapists.

Staffing patterns in the residential areas included the following:

- In Building 8A, there were 6 staff members for 19 residents.
- In Building 8C, there were 6 staff and 1 supervisor present for 18 residents
- In Building 6A and C, there were 15 residents and 8 staff present.

2. Direct care staff turnover, position vacancies, and other forms of absenteeism are low enough to maintain continuity of resident supports and care.

Interviews indicated that the turnover rate for direct care staff positions in the facility is relatively high. At the time of the inspection, the OIG was informed that there were 28 vacant positions in direct care, which was reported as unusually high for the facility. This included medication assistant positions, shift supervisors and unit team leaders. The tenure of direct care staff was reported as being much shorter than staff in clinical, administrative and supervisory positions, many of whom have been at the facility for close to 30 years.

Staff interviewed related that overtime usage at the facility continues to be a concern. To address this issue, management has provided staff with several forums at which the problem and potential solutions have been discussed. Those interviewed indicated that one of the contributing factors to the use of overtime is the Virginia Disability and Sickness Program, which enable persons on probation to go out on short-term disability.

Several of the direct care staff reported dissatisfaction with the on-call system established to assure coverage. Reportedly, a staff member is scheduled for being on-call during one of their scheduled days off on a rotating basis. The person is required to call their unit one hour prior to the beginning of the shift to determine whether they are needed for coverage. If needed, they are required to come to the facility to provide coverage.

3. Direct care staff possesses the competencies necessary for providing services.

Interviews with training and supervisory staff, as well as a review of the training materials revealed that the majority of critical tasks for direct care staff are based on competency reviews, which involved either tests or demonstrations. Interviews revealed that by the time staff get to their assigned units, they have the baseline skills necessary for effectively completing their duties. Staff have the ability to participate in a number of training opportunities, both for professional growth and for advancement opportunities.

FACILITY OPERATIONS / SYSTEM PERFORMANCE

1. The facility promotes effective and efficient services through data collection. Data collection is used to enhance facility performance.

Data collection is used to support and enhance facility performance in a number of areas. Staff training data is maintained to assure that staff have completed the training necessary to fulfill their duties. The Human Resource Office tracks the use of overtime and information obtained during the exit interview process.

Data collection is central to the work of both the quality assurance office and risk management at the facility. Both review critical indicators regarding the safety and treatment needs of the residents. This information is routinely used to develop performance improvement initiatives.

Other examples of data tracking within the facility include, but are not limited to: psychology staff use data to track the behaviors for which plans have been developed to determine the efficacy of the plans; pharmacy tracks medication use and errors; and medical staff monitors poly-pharmacy usage.

2. There is a system for continuous quality improvement.

Interviews with administrative staff and a review of the facility's quality management plan revealed that NVTC has a system for continuous quality improvement. The facility has initiated a number of successful quality improvement projects. Several of the initiatives discussed include the mentoring project; increased communications among staff through town meetings; and the 5A Catch a Rising Star Program. The latter is a program that recognizes employees whose actions, ideas or job performance supports the theme of working collaboratively and efficiently while keeping residents' needs always a focus and priority.

3. Consumers and other stakeholders have an active role in program development, and quality improvement activities.

Interviews revealed that families have not been formally involved in program development and quality improvement activities within the facility but that it is the philosophy of the facility to "give all a voice". It was reported that there was a large and active parents organization that is informally involved in the development and maintenance of quality services within the facility.

COMMUNITY RELATIONSHIPS

1. The facility has a strategy for developing and maintaining working relationships with other agencies and providers in its catchment area.

The facility is engaged in a number of activities that are designed to develop and maintain working relationships with community providers and other agencies. NVTC has a well-established Regional Community Support Clinic, which provides specialized medical, behavioral, dental and respite services to members of the community with mental retardation. The facility provides its expertise to serve consumers in the community in an effort to help them remain independent and not have need of facility services. The facility director has been actively involved in the regional planning partnership, which has been meeting to define the needs of the region.

Staff are engaged with members of the community during times of transition such as admissions and discharge. There are multiple opportunities for staff to interact with their community counterparts during these processes.

2. The facility has taken steps to understand and complete satisfaction surveys with external stakeholders:

a. With Community Services Boards

Even though no formalized surveys have been conducted with the community services boards, there are many formal and informal mechanisms for obtaining feedback from the community.

b. With parents and/or legally authorized representatives

The facility has conducted surveys with family members and residents' legally authorized representatives.

c. With the DMHMRSAS Central Office

It was reported that there is not a formal mechanism for obtaining feedback from Central Office management regarding the facility's performance. Staff described several ways in which the facility is able to interface with the Central Office. These include the facility directors meetings, the medical directors meetings, and involvement with the Office of Risk Management. It was reported that the Commissioner has communicated his vision and goals for the system. It was also reported that the Office of Mental Retardation Services has been helpful.

Those interviewed indicated that the facility would appreciate more feedback from Central Office staff particularly regarding the data and other information that is routinely requested and provided.

3. The facility management and direct care staff have a working understanding about the capacity of the community to provide services. The facility has a clear understanding of its role within the community system.

Twelve staff members were asked about these quality statements, including administrative, clinical and direct care staff. Those interviewed indicated that the facility has provided a vital service to the community since opening its door through the provision of comprehensive residential, training and healthcare services to persons with mental retardation. In addition, staff spoke of the regional community support clinic as an excellent program, which enables the facility to share its expertise with the community. Staff at NVTC voiced a belief that the facility is working in partnership with community providers to address the challenging and changing needs of this special population. Both management and staff had a working understanding about the capacity of the community to provide services to persons that have both challenging behavioral and medical problems.

4. The facility has the capacity for providing respite services for those age groups not normally served by the facility.

Interviews revealed that NVTC makes every effort to provide respite services when requested. Respite care is designed as a program of temporary care, 21 days or less, that

is needed because of a “medical or other urgent conditions of the person(s) providing care or as a means of providing the care takers with a needed break”. There were 35 requests for respite care during the period of July 1, 2003 and July 1, 2004. Four were denied. Two people were accepted but did not use the service. Twelve persons were accommodated through the 29 respite visits that were completed.